



Financial Aid Release of Information Request

Office of Financial Aid
130 Student Union
3640 Colonel Glenn Hwy.
Dayton, OH 45435-000
Phone: (937) 775-4000
E-mail:
RaiderConnect@wright.edu
FAX: (937) 775-4410

Section 1: Student Information

Last Name

First Name

Phone Number

University ID Number (UID)

Section 2: Release of Information

If you are requesting enrollment verification or grades, please refer to the [Enrollment and Degree Verification](#) and [Grades Transcript](#) sections of the **RaiderConnect webpage**. Complete this section based on the party in which the information should be released (i.e. student, parent, or third party). If the request can not be granted, an e-mail will be sent to your Wright State University e-mail address.

Information to be released to the student (check all that apply)

- Copy of student tax documents. Copy of Appeal Documents.
 Other: _____ Complete Attached Form

Information to be released to the parent

- Copy of parent tax documents (Please note: a signature of the parent whose tax documents are being released must be supplied.)

Parent Name (Print)

Parent Signature

Date

Information to be released directly to a third party (check all that apply)

Federal regulations prohibit Wright State University to release information to third parties, even with a student's express written consent, unless the third party is an organization that will assist you, the student, in applying for and receiving financial assistance for your education at Wright State University (ex. external scholarship donors, HUD, Section 8 housing). By completing the information and signing below, you are acknowledging that the third party specified is an organization that will assist you, the student, in applying for and receiving financial assistance for your education at Wright State University and the specified third party shall not sell or share the information provided. **If the third party requesting information is not associated with determining eligibility for financial assistance for your education, you the student must provide the information directly to the third party.**

- Complete Attached Form Copy of Award Notice Other _____

Third Party Name (Print)

Reason for Release

Third Party Address to Mail Documentation Requested

City, State, Zip Code

Section 3: Academic Year

Please specify the academic timeframe for which you are requesting information.

- 2018-2019 2017-2018 2016-2017 2015-2016

Section 4: Delivery (for student and/or parent release only)

- Pick up the information at RaiderConnect/Enrollment Services (pick up will be available 3 business days after completing this request). Mail the information to the home/primary address on file.

Section 5: Student Certification

I hereby give my permission to Wright State University's Office of Financial Aid to release the information specified above. I release Wright State University from any liability which might result from the requested information being released.

Student Name (Print)

Student Signature

Date